
LOS ANGELES COUNTY

Commission ON HIV HEALTH SERVICES

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Committee members.

Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote.

COMMISSION MEETING MINUTES September 11, 2003

APPROVED
10/09/03

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT (cont.)	OAPP STAFF PRESENT
Al Ballesteros, <i>Co-Chair</i>	Adrian Aguilar	Steve Erickson	Libby Boyce
Nettie DeAugustine, <i>Co-Chair</i>	Richard Corian	Douglas Frye	Ernesto Enriquez
Carla Bailey	Nancy Eugenio	William Fuentes	Patricia Gibson
Carrie Broadus	Alexander Gonzales (E)	David Guigni	Vicky Lowe
Robert Butler	Charles Henry (E)	Thomas Halstead	Jane Nachazel
John Caranto	Wilbert Jordan (E)	Nina Harawa	Gabriel Rodriguez
Ruth Davis	Marcy Kaplan (E)	Miki Jackson	Rene Seidel
Richard Eastman	Vicky Ortega	Jennifer Karcher	Lynda Steele
Whitney Engeran	Alexis Rivera	Maxine Liggins	Diana Vasquez
Gunther Freehill	Paul Scott	Steve Martinez	Craig Vincent-Jones
Danielle Glenn-Rivera	Fontaine Shockley	Dani Mejia	Cheryl Williams
John Griggs	Rodolfo Zamudio	Roel Nollodo	
Richard Hamilton		Jane Price	
Marc Hauptert		John Reinis	
Howard Jacobs		Wendy Schwartz	
Rebecca Johnson-Heath		Walt Senterfitt	
Brad Land	OTHERS PRESENT	Stephen Simon	
Mike Lewis	Charlene Abe	Scott Soder	
Anna Long	Ruben Acosta	James Stewart	
Andrew Ma	Cinderella Barrios	Eric Taylor	
Elizabeth Marte	Trista Bingham	Louise Trone	
Edric Mendia	Gordon Bunch	Gary Vrooman	
Dean Page	Qiana Butler	Carolyn Watson	
John Palomo	Samuel Campbell	Kathy Watt	
Chris Perry	Eric Carr	Nicole Werner	
Dana Pierce-Hedge	Charles Carter	Jan Wise	
Vanessa Talamantes	Genevieve Clavreul	Starla White	
Kevin Van Vreede	Julie Coveney	Sharon White	
Fariba Younai	Alex Cuatro	Patricia Woody	

- I. **CALL TO ORDER:** Mr. Ballesteros called the meeting to order at 9:30 a.m.
- II. **APPROVAL OF AGENDA:** The agenda was approved without objection (**MOTION#1**).
- III. **APPROVAL OF MEETING MINUTES:** The minutes from the July 10, 2003 Commission meeting were unanimously approved with the following alteration: change the vote for Motion 6, Amendment #1, from passed without objection to passed with 21 Ayes, 7 Opposed and 1 Abstention (**MOTION #2**).
- IV. **PARLIAMENTARY TRAINING:** Mr. Stewart recommended limiting debate on agenda items because of the day's full agenda. In addition, he introduced *Commissioner Comment*: a section of the agenda allowing Commissioners to raise issues not on the agenda. Like *Public Comment*, *Commissioner Comment* must comply with Brown Act rules, and new issues must be agendaized for later meetings if there is a desire to discuss them. He also indicated that alternates

should only speak on the agenda item *Commissioner Comment* if they are representing an absent Commissioner. Otherwise, they should speak as part of *Public Comment*. The Commission passed the motion to limit debate (**MOTION #3**).

V. **PUBLIC COMMENT:** The following public comments were made:

- Dr. Clavreul inquired whether a quorum was present and whether the non-voting members were included in the count. Mr. Vincent-Jones responded that a quorum was present without counting the non-voting members.
- Mr. Halstead from Being Alive encouraged the Commission to continue their work on the Patients Bill of Rights and congratulated Mr. Ballesteros and former Commissioner Tom West for being honored with the Spirit of Hope Award.
- In response to a question from Ms. Watt, Mr. Vincent-Jones indicated that it could take up to three months for the Board of Supervisors to approve the Commission's slate of candidates.
- Ms. Wise from the Didi Hirsh Community Mental Health asked for information on whether the Commission and the PPC would be merging. Mr. Ballesteros indicated that information would be provided in the Co-Chair's Report.
- Mr. Martinez provided an overview of the LAUSD program "Positively Speaking", noting that several Commissioners were involved with the program.
- After the recess, Mr. Carr reminded the Commission of the importance of the date, in remembrance of the September 11th tragedy, passing around a teddy bear memento that he collected from Ground Zero when he was working there as a volunteer. The Commission then observed a moment of silence in memoriam for the day.

VI. **COMMISSIONER COMMENT:** Commissioners made the following comments:

- Ms. Marte spoke on her experiences attempting to access Care Act services and overcome barriers as an HIV+ woman. Mr. Ballesteros asked for her letter to be entered into the record.
- Ms. Broadus stressed that the poverty requirement for unaffiliated consumers in the Ryan White Care Act penalizes HIV+ people who have improved their lives.
- Ms. Johnson-Heath also spoke on her experiences attempting to access Medi-Cal benefits.
- Mr. Perry spoke on his challenges accessing legal services.
- Mr. Eastman spoke on challenges in accessing HOPWA and other housing funds.
- Mr. Butler suggested that the issues raised during the comment period were ones to be addressed by the Continuum of Care.
- Ms. Broadus suggested that the Care Act Reauthorization Work Group review the comments about access to care.
- Ms. Pierce-Hedge announced that the CDC/HRSA Advisory Committee on HIV Prevention and Treatment, Ryan White CARE Act Reauthorization work group would be hosting a public meeting on Friday, October 3, 2003 from 9:30 a.m. to 3:30 p.m. at the Hyatt Regency in Los Angeles. She encouraged all concerned to submit written and/or provide oral testimony.

VII. **STANDING COMMITTEE REPORTS**

A. **Finance Committee:**

1. ***Assessment of the Administrative Mechanism:*** Mr. Ma and Mr. Lewis introduced Dr. Soder, who gave a presentation on the FY 2001-2002 Assessment of the Administrative Mechanism final report. After providing background information on the EMA and the specifics of the Assessment, he summarized the Grantee's roles and responsibilities, potential assessment topics, and accomplishments from the prior year's Assessment. He continued with an overview of the Assessment goals, methods and findings. He further presented specific recommendations in the areas of procurement, disbursement, partnerships, expectations, workflow and continuous quality improvement. He added that the final report would be included in the Title I application to be submitted in October.

A number of the Commissioners questioning the scope and informability of the provider surveys; some of the Commissioners asked about the types of service providers responding to the survey, and who were the key informants for the interviews. The Commission asked staff for a summary of the service provider types correlated with aggregate responses. Commissioners and members of the public went on to question the quality and reliability of the report data, and the conclusions. The body modified the motion to accept the report without comment, and to instruct the Finance Committee to review and propose the specific recommendations to the Executive Committee to adopt at its next meeting (**MOTION #4**).

2. ***Calendar Year 2003 Assessment of Administrative Mechanism:*** In conjunction with accepting the Assessment final report, the Finance Committee recommending putting the next Assessment out to bid rather than moving forward with it immediately. The RFP could be issued soon, to start in early Calendar Year 2004. The

Commission approved the plan to re-allocate the \$70,000 allocated for a Calendar Year 2003 Assessment to services and proceed with an RFP (**MOTION #5**).

3. **Reallocation of Underspent Funds:** Mr. Ma went reported that the Finance Committee recommended real-locating FY 2003 funds from underspent service categories in the same manner as FY 2002. Finance and the Executive Committee recommended reallocating the funds to medical outpatient services, first directed to viral resistance testing, and then other medical outpatient purposes, and then followed by transportation, hospice and psychosocial case management services. Ms. Broadus indicated that the Finance Committee did not consult the Priorities and Planning (P&P) Committee before deciding how to re-allocate the underspent funds. The Commission approved Finance's recommendations, pending the concurrence from the P&P Committee (**MOTION #6**).
4. **Financial Reports:** Mr. Ma then reviewed the FY 2003 Title I and II financial reports with the group.

B. Priorities and Planning (P&P) Committee:

1. **Commission Communication Form:** Mr. Land presented the Commission Communication Form, which the Committee developed and refined, for adoption as a standard communication vehicle. Mr. Land noted that every committee had had a chance to review the form and provide input, which was incorporated into the final presentation. Mr. Hauptert added that the form allows for chronological updates and tracking the progress of the communication/action. The Commission adopted the form without objection (**MOTION #7**).
2. **Priority and Allocation Directives:** Mr. Hauptert then reviewed eight (8) directives resulting from the Commission's July 10, 2003 priority- and allocation-setting motions. Explaining the concept of a consent agenda, Mr. Stewart, Parliamentarian, noted that the Commission could approve all the directives in a single vote, or remove any of the directives from the consent agenda and vote on it separately. At the request of Mr. Jacobs, the Commission removed Directive #8—concerning leveraging transportation resources—from the list of directives. The Commission approved the others without objection after Mr. Hauptert briefly reviewed them (**MOTION #8a**).

The Commissioners then discussed addressing technical assistance as funds are shifted for transportation and outlining what the next steps would be to enact the transportation directive. At the conclusion of the discussion, the body adopted the eighth directive without objection as well (**MOTION #8b**).

3. **Presentation Guidelines:** Mr. Land reported that all of the Committees have reviewed and made revisions to the proposed presentation guidelines. In response to Ms. Broadus' inquiries, Ms. DeAugustine explained that the guidelines will be distributed to providers, task forces and people interested in making presentations to the Commission, along with being posted on the Commission website. The Commission then approved the Presentation Guidelines without objection (**MOTION #9**).

C. Recruitment, Diversity and Bylaws (RD&B) Committee: The Standing Committee Reports were interrupted in order to present other reports before the presenters had to leave. As a result, the RD&B, SOC and JPP Committee presentations were made after the Co-Chairs' Report.

1. **Slate of Candidates:** There was no vote due to the lack of a quorum.
2. **Policies and Procedures:** These items were also postponed.
3. **Commissioner Orientation:** Ms. Glenn-Rivera announced that there would be an orientation for new Commissioners following the next Commission meeting on Thursday, October 9, 2003, from 2:00 - 6:00 pm.
4. **Committee Assignments:** Mr. Vincent-Jones asked Commissioners to complete a Committee Interest Form and submit it to Commission staff before they left the meeting.

D. Standards of Care (SOC) Committee: The SOC reports were postponed until the following meeting.

E. Joint Public Policy (JPP) Committee:

1. **Proposition 54:** No vote was taken due to lack of a quorum.
2. **HOPWA:** Mr. Engeran welcomed Gary Vrooman as HOPWA's liaison to the Commission.

IX. STATE OFFICE OF AIDS (OA) REPORT: Ms. Pierce-Hedge reported on the Therapeutic Monitoring Program (TMP), describing the factors leading to a reduction in funding. First, she described, \$7 million in resistance testing funding had to be returned to ADAP to keep the program whole. This shortfall could have been offset by proposed funding from drug co-pays. However, since the state legislature decided against the co-pays, the allocation for viral load testing was reduced to \$1 million, and state funding for resistance testing was discontinued. In addition, to compensate

for shortfalls in ADAP funding, the OA used \$20 million (year 03-04) in one-time rebate money from pharmaceutical companies. She added that Fuzeon would be added to the formulary on September 12, 2003, which complicates factors even more since Fuzeon necessitates resistance testing prior to its use. Following an inquiry by Mr. Engeran, she indicated that the remaining funding would only be dedicated to State-funded EIP sites.

X. **HIV EPIDEMIOLOGY REPORT:** The HIV Epidemiology Report was interrupted by the lunch recess, and the HIV Testing Survey (HITS) was presented first.

- A. **HIV Prevalence Estimates:** Dr. Frye gave a presentation on 2003 HIV Prevalence Estimates for People Living With AIDS (PLWA) in Los Angeles County. He noted that of every person living with AIDS, it is estimated that 1.5 have non-AIDS HIV, and that only 3 of 4 persons with HIV are aware of their status. He presented charts and graphs showing HIV prevalence estimates for various populations, including youth, white MSM (Men having Sex with Men), MSM of color, women of child-bearing age, and transgenders. In response to an inquiry by Ms. Broadus, he indicated that local, state and national death registries were checked to exclude those recently deceased from the data. He calculated the numbers for white MSM and MSM of color in the County by multiplying the estimated percentage of MSM in the County, 10%, by the population of adult males for each population. He estimated the figures for PLWA for various population groups by multiplying estimated seroprevalence by the size of the population.
- B. **HIV Testing Survey (HITS):** Ms. Butler gave a presentation on the HITS, which was conducted in collaboration with community-based organizations. After providing a history of the HITS program, she outlined the methods, eligibility requirements and demographics comprised in the survey. She used charts to illustrate the race/ethnicity and percentage tested for HIV among the respondents. In her overview of survey results, she discussed the respondents' knowledge of reporting policies, their associations with testing behaviors, and reasons why people don't get tested. She indicated that results from HITS show that knowledge of HIV reporting/surveillance does not necessarily impact individuals' testing behaviors.

XIV. **CO-CHAIRS' REPORT:** The Commission agreed to extend the meeting by 15 minutes after the Commission Membership presentation.

- A. **Commission Membership:** The Ad-Hoc Work Group consisted of members Ballesteros, Broadus, Butler, Engeran, Land and Talamantes, all of whom volunteered after Co-Chair DeAugustine solicited participation in the effort. Work group members presented the membership structure recommendations and report, emphasizing that the discussion at this meeting would focus on the process used to develop the recommendations, since comment would be elicited over the forthcoming month, and the recommendations would be discussed in detail at the next meeting. Members of the group detailed how they first identified seats mandated by HRSA, and then identified which skill sets and representational characteristics should be identified. The recommendations proposed the reduction from 49 to 42 seats. Written comments would be accepted through September 26, 2003.

Commissioners and members of the public commented on the process the Committee used to make the membership recommendations, and some expressed concern that the two-week written comment period would not be sufficient. The work group members impressed upon their colleagues that they would need to go back to their constituencies to discuss the plan with the immediately, but this process needed to move forward, and could not wait until December to discuss the issue again (when the next Commission meeting would be: the Commission's annual meeting is in October). Some Commissioners contended that some stakeholders would not be adequately represented in the proposed membership structure. The work group members challenged their colleagues to review the plan carefully, and asserted that there was no one currently sitting at the table who would not have a place in the recommended structure.

- B. **Commission Transition to the Executive Office:** There was no report on the Commission transition.
- C. **Joint Executive Committee meeting, 9/26/03:** Ms. DeAugustine reported that the Committee will discuss ways the PPC and Commission can work closer together as an alternative to merging the two bodies.
- D. **Annual Meeting:** Mr. Land announced the Commission's Annual Meeting would be on November 13-14, 2003 with the theme, *Evaluation: Laying the Groundwork for a Successful Future* at the Westin in Pasadena.
- E. **HRSA Reauthorization Meeting, 10/3/03:** Ms. DeAugustine reported that the Co-Chairs will participate in the meeting and encouraged all to attend. Mr. Engeran indicated that the Joint Public Policy Committee was considering putting together a forum to assist consumers prepare public testimony for the meeting.

XII. **PREVENTION PLANNING COMMITTEE (PPC) REPORT:** Ms. Talamantes reported that the PPC is in the process of compiling the CDC Application for submission in early October. HIV reporting information and HIV

epidemiological data comprise key areas of the application. The final draft of the application will be reviewed on September 25, 2003 from 1:00 p.m. - 3:00 p.m. at the OAPP offices.

- XV. **ANNOUNCEMENTS:** Mr. Eastman thanked Dr. Long for attending the August 2, 2003 Medical Marijuana Task Force meeting on behalf of L.A. County's Department of Health Services, and announced the next meeting would be on October 25, 2003 from 12:00 p.m.– 4:00 p.m. at the Ramada Inn in Hollywood.
- XVI. **ADJOURNMENT:** The meeting was adjourned at 3:40 p.m. in memory of former Commissioner and AIDS Service Center Executive Director Sue Scott, who died July 10, 2003, and in the memory of the victims of the September 11, 2001 terrorist attacks.

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda.	<i>Passed by Consensus</i>	Motion Passes
MOTION #2: Approve the minutes from the July 10, 2003 Commission meeting with the following change: <ul style="list-style-type: none"> On the voting summary, change the vote for Motion 6, Amendment #1 from “passed without objection” to passed with 21 Ayes, 7 Opposed and 1 Abstention. 	<i>Passed by Consensus</i>	Motion Passes
MOTION #3: Limit debate to one minute per person when speaking to agendaized topic; all persons desiring to address a topic shall be allowed to do so before others are allowed to address it a second and/or subsequent times.	Ayes: Ballesteros, Broadus, Butler, Caranto, Eastman, Engeran, Griggs, Hamilton, Hauptert, Johnson-Heath, Land, Lewis, Long, Marte, Palomo, Pierce-Hedge, Talamantes, Van Vreede, Younai Opposed: Jacobs Abstentions: None	Motion Passes: 19 Ayes, 1 Opposed, 0 Abstentions
MOTION #4: Accept the 2001-2002 Assessment of the Administrative Mechanism Report without comment for the purposes of the application, and refer it to the Finance Committee for further actions and recommendation. Recommendations will return to the Executive Committee for review before including it in the HRSA Application.	Ayes: Bailey, Ballesteros, Butler, Caranto, DeAugustine, Eastman, Engeran, Glenn-Rivera, Griggs, Hamilton, Hauptert, Jacobs, Johnson-Heath, Land, Lewis, Long, Ma, Marte, Mendia, Palomo, Perry, Pierce-Hedge, Talamantes, Van Vreede Opposed: Broadus Abstentions: Davis, Younai	Motion Passes: 24 Ayes, 1 Opposed, 2 Abstentions
MOTION #5, Amendment #1: add “consistent with the priorities and planning as adopted by the Commission” to original Motion #5.	<i>Passed by Consensus</i>	Motion Passes
MOTION #5 (Substituted): Reallocate \$70,000 for 2002 Assessment of the Administrative Mechanism for other purposes, consistent with the priorities and planning adopted by the Commission, and initiate RFP process to secure consultant to perform 2003 Assessment of the Administrative Mechanism beginning in January 2004.	<i>Passed by Consensus</i>	Motion Passes
MOTION #6, Amendment #1: add “Pending the concurrence of the Priorities and Planning Committee”, “delete “following medical outpatient services, in that order of priority,” and add “case management, psychosocial services” to original Motion #6.	<i>Passed by Consensus</i>	Motion Passes
MOTION #6 (Substituted): Pending the concurrence of the Priorities and Planning Committee, to prioritize the re-allocation of underspent funds for medical outpatient purposes, to be committed first for diagnostic assay testing (viral load and phenotypic/genotypic resistance	<i>Passed by Consensus</i>	Motion Passes

testing) as a replacement for local Therapeutic Monitoring Program (TMP) funds lost from State budget cuts, and then other medical outpatient services; remaining underspent funds will be allocated to transportation and hospice services, and case management, psycho-social services.		
MOTION #7: Approve the proposed Commission Communication Form for use in relaying official Commission communications to stakeholders and partners, as presented.	<i>Passed by Consensus</i>	Motion Passes
MOTION #8a: Adopt the following seven (7) directives reflecting the decisions made at the July 10, 2003 Commission on HIV Health Services Priority- and Allocation-Setting meeting as presented: <ul style="list-style-type: none"> ▪ Continuum of Care graphic consistency ▪ Standardized Glossary Service Definitions ▪ Medication Reimbursement Best Practices ▪ Methadone Maintenance Best ▪ Medical Case Management Standards ▪ Evaluation of Program Support Allocation ▪ Evaluation of Minority AIDS Initiative (MAI) Service Effectiveness. 	<i>Passed by Consensus</i>	Motion Passes
MOTION #8b: Adopt the Priority- and Allocation-Setting directive concerning leveraging transportation/other service cost effectiveness through technical assistance, reflecting the decision made at the July 10, 2003 Commission on HIV Health Services Priority- and Allocation-Setting meeting, as presented.	<i>Passed by Consensus</i>	Motion Passes
MOTION #9: Approve the proposed Presentation Guidelines operationalizing policies, procedures and practices related to presentations before the Commission on HIV Health Services and its Committees, as presented.	<i>Passed by Consensus</i>	Motion Passes